

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017992

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary, Registration District No.

1003

Registrar's No. 3550

STATE FILE NUMBER

FILED APR 17 1963

### 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

City Hospital No. 1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1909 No. Grand Ave.

Reside on Farm

Yes ☐ No ☐

### 3. NAME OF DECEASED

(Type or print)

First Augusta

Middle

Last Murphy

### 4. DATE OF DEATH

Month

Day

Year

3

26

1963

### 5. SEX

Female

### 6. COLOR OR RACE

Colored

### 7. Married

Widowed ☒

### 8. DATE OF BIRTH

6-17-99

### 9. AGE (last birthday)

63

### 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

### 10b. KIND OF BUSINESS OR INDUSTRY

None

### 11. BIRTHPLACE (City and state or country)

Vicksburg, Miss.

### 12. CITIZEN OF WHAT COUNTRY

U.S.A.

### 13a. FATHER'S NAME

Unknown

### 13b. MOTHER'S MAIDEN NAME

Anna Jackson

### 14. NAME OF HUSBAND OR WIFE

Sebe Murphy

### 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

### 17. INFORMANT

Alex Murphy- 4576 Kennerly Avenue

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

#### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Fracture of left hip;

#### DUE TO (b)

Edema of lungs; Arteriosclerosis;

#### DUE TO (c)

Supposed to fall in home on March 5th 1963.

#### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident 904.0 21

#### PART III. If deceased was female was there a pregnancy in last 90 days?

☐ Yes ☒ No ☐ Unknown

### 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

### 20a. ACCIDENT

### SUICIDE

### HOMICIDE

### 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

### 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

3-5-63

### 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

### 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

11 Home

### 20f. CITY, TOWN, OR LOCATION

### COUNTY

### STATE

21 Louis, Mo

### 21. I attended the deceased from

Death occurred at

3:5 A

to and last saw her alive on m on the date stated above, and to the best of my knowledge, from the causes stated.

### 22a. SIGNATURE

(Degree or title)

Wesley L. Taylor, Coroner

### 22b. ADDRESS

1300 Clark Ave.

### 22c. DATE SIGNED

3-27-63

### 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

### 23b. DATE

3-29-1963

### 23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

### 23d. LOCATION (City, town, or county)

St. Louis (County) Mo.

### 24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home-2820 Stoddard St.

### 25. DATE RECD. BY LOCAL REG.

MAR 27 1963

### 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

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75

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Fulton E. Hickman*

Licensed Embalmer No. 4198

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.